

TRUST BOARD

Date of Meeting: 15/05/12	Agenda Item No: 7.4	Enclosure: 8
-------------------------------------	----------------------------	---------------------

Intended Outcome:

For noting ✓	For information	For decision
------------------------	------------------------	---------------------

Title of Report: Update on registration with the Care Quality Commission (CQC)

Aims: To update the Board on the Trust's position with compliance with the CQC Regulations/Outcomes as at 31 March 2012 and inform the Board of changes to the CQC inspection guidance from 1 April 2012.

Executive Summary:

This paper updates the Trust Board members on the Trust's position with compliance with the CQC regulations and outcomes (Appendix 1). Following the introduction of this quarterly exception report in July 2011, this has been reviewed with the governance and compliance team to make further enhancements to the report based on the Trust's self assessment of compliance on each outcome.

This report also updates the Board on changes to the CQC inspection regime.

Provider Compliance Assessments (PCAs)

The PCAs are the key tool for providers to use to assess their compliance against a specific outcome/regulation. The PCAs can have a number of different sections to it which providers assess against the following RAG ratings:

- RED - Evidence available shows outcome is at risk of not being met. The impact to service users is high.
- AMBER - Evidence available shows outcome is mostly met or not sufficient evidence to demonstrate the outcome is met. The impact on service users is moderate
- YELLOW - Evidence available shows outcome is mostly met or there is not sufficient evidence to demonstrate the outcome is met. The impact on service users is low.
- GREEN - Evidence available shows the outcome is met.

In addition to the RAG ratings, the impact of any areas requiring further action should be clarified by the provider in terms of High, Medium or Low impact on people who use the services.

In order to provide clarity on outcomes that have any red, amber or yellow areas in the PCA the monitoring report has been updated to reflect this.

Quality Risk Profile (QRP)

The monitoring report has also been updated to reflect any updates to the QRP.

Overview of key areas for consideration or noting:

- At the end of Q4 2011/12 the Trust has two outcomes/regulations which are in overall amber status:
 - Regulation 16 - Safety, availability and suitability of equipment
 - Regulation 23 – Supporting Workers
- Action plans are in place for the above regulations, which will be formally reviewed by the end of Quarter 1 2012/13.
- It is important to highlight that as part of the acquisition of the Trust, the compliance position of the ‘registered locations’ (West Cumberland Hospital, Cumberland Infirmary and Penrith Hospital) will be assessed in conjunction with the Monitor Compliance Framework, which informs the Monitor Governance rating for the Foundation Trust. It is therefore important that progress is made against the action plans in place for areas which are not ‘green’.
- As part of preparing for the transition, a specific governance work stream has been established with colleagues from Northumbria NHS FT which will look at specific areas of work, including our compliance and overall position against the Monitor Compliance Framework 2012/13.
- Any PCAs which have any yellow, amber or red actions have specific action plans attached to the PCA with timescales for completion.
- The governance and compliance team continue to monitor progress against action plans and supporting evidence, however a key priority for the Trust during 2012/13 will be the embedding and accountability of the CQC regulations through the clinical divisions, including spot check assessments by the Quality Matrons.
- In April 2012 new guidance on how the CQC will regulate providers of care was introduced. In summary the new guidance means that:
 - The CQC will have a more focused and streamlined regime.
 - Unannounced inspections will look at a minimum of five outcomes/regulations.
 - Following an inspection the CQC will confirm whether a provider is compliant or not with the essential standard of care. This will allow greater clarity on any areas of non compliance.
 - Providers who are deemed non compliant will be judged in terms of the level of impact the non compliance has on the people who use the services, which will result in a ‘compliance action’ being issued or ‘enforcement action’ being taken against the provider.

Specific implications and links to the Trust’s Strategic Aims:

Ensure we provide high quality, safe and effective care for all our patients including meeting essential standards of safety and quality as set out by the CQC	✓
Develop a viable integrated clinical strategy for secondary care services which is sustainable and affordable	
Develop a new healthcare facility in West Cumbria that is fit for the 21st century	
Achieve sustainable financial balance through the delivery of the Trust's internal Cost Improvement Programme, securing a viable contract income from our GP commissioners and contributing to the system wide cost reductions	

To develop and implement a successful merger or acquisition plan that enables the Trust to become part of an existing NHS Foundation Trust	
Recommendations:	
That the Board NOTES:	
<ul style="list-style-type: none"> • The end of quarter four position against the Trust's compliance with the CQC outcomes/regulations. • That specific action plans remain in place for regulation 16 - Safety, availability and suitability of equipment and regulation 23 – Supporting Workers. • The governance work stream which has been established to facilitate the transitional requirements as part of the acquisition. • The new inspection regime which came into force on 1 April 2012. 	
Prepared by: Helen Kelly Head of Patient Safety & Clinical Governance & Nadia Lucetti, Compliance Manager	Presented by: Ramona Duguid Acting Director of Governance & Company Secretary

CARE QUALITY COMMISSION REGULATION MONITORING – QUARTER 4 PERIOD 2011/12

The following rating criteria relates to overall evidence status against the regulation outcomes.

R Evidence available shows outcome is at risk of not being met. The impact to service users is high.	A Evidence available shows outcome is mostly met or not sufficient evidence to demonstrate the outcome is met. The impact on service users is moderate.	Y Evidence available shows outcome is mostly met or there is not sufficient evidence to demonstrate the outcome is met. The impact on service users is low.	G Evidence available shows the outcome is met.
---	--	--	---

Overall Regulations in Red status (0) at 31/3/2012	Overall Regulations in Amber status (2) at 31/03/2012	Overall Regulations in Yellow status (0) at 31/03/2012	Overall in Regulations Green status (14) at 31/03/2012
	16 - Safety, availability and suitability of equipment (action plan in place to ensure evidence is submitted)		09 - Care and welfare of service users
	23 - Supporting workers (action plan in place to ensure evidence is submitted)		10 - Assessing and monitoring the quality of service provision
			11 - Safeguarding service users from abuse
			12 - Cleanliness and infection control
			13 - Management of medicines
			14 - Meeting nutritional needs
			15 - Safety and suitability of premises
			17 - Respecting and involving service users
			18 - Consent to care and treatment
			19 - Complaints
			20 - Records
			21 - Requirements relating to workers
			22 - Staffing
			24 - Cooperating with other providers

Definitions of impact ratings:

High: As significant or long term impact on service users in one or more sections.

Medium: A moderate impact, but long term effects on service users in one or more of the sections.

Low: No or minimal level of impact on service users in one or more sections.

Where CQC Assessment of QRP = n/a it is the CQC's criteria for insufficient data available to calculate risk.

Out-come No	Regulation No / Outcome Title	CQC Assessment of QRP	No of Actions from QRP	NCUHT Self Assessment of QRP Actions Status	QRP Issue / Comments	PCA Section Rating	Overall Impact Rating if not green	Action Plan Summary			
01	Regulation 17 Respecting and involving service users	A	6	A	<ol style="list-style-type: none"> 1. Patient having writing information on discharge. 2. Patient privacy when discussing their condition or treatment. 3. Patients informed of danger signals to watch out for at home. 4. Family not given enough opportunity to talk to doctor. 5. Family not given all information needed to help patient recover. 6. PEAT scores for CIC on privacy and dignity. 	0	0	3	9	Low	QRP actions are monitored monthly via Audit in-patient surveys. Matron for Patient Experience is now assisting wards to address any issues as they arise. Patient information on discharge is a key quality account priority for 2012/13.

Out-come No	Regulation No / Outcome Title	CQC Assessment of QRP	No of Actions from QRP	NCUHT Self Assessment of QRP Actions Status	QRP Issue / Comments	PCA Section Rating	Overall Impact Rating if not green	Action Plan Summary
02	Regulation 18 Consent to care and treatment	A	0	n/a	QRP overall rate is assessed as amber, however there are no actions to address.	0 0 0 7	n/a	No actions required.
04	Regulation 9 Care and welfare of service users	A	13	A	<ol style="list-style-type: none"> 1. Information on mortality rates (x10) 2. Number of elective hip replacement spells with longer length stay than expected. 3. Emergency readmission within 30 of discharge for cases in mouth, head, neck and ears. 4. Strategic group responsible for stroke with at least 3 members (CIC). 	0 0 1 16	Low	<p>QRP action criteria to be verified by Information Management Team and further analysis and action plans to be established.</p> <p>Medical Directors office reviewing mortality outliers.</p> <p>Management lead co-ordinators for this regulation have now been assigned to the Quality Matrons. They are currently updating the PCA and will then commence collation of evidence.</p>
05	Regulation 14 Meeting nutritional needs	A	0	G	No actions identified	0 0 0 6	n/a	No actions required.

Out-come No	Regulation No / Outcome Title	CQC Assessment of QRP	No of Actions from QRP	NCUHT Self Assessment of QRP Actions Status	QRP Issue / Comments	PCA Section Rating	Overall Impact Rating if not green	Action Plan Summary
06	Regulation 24 Cooperating with other providers	A	6	A	<ol style="list-style-type: none"> 1. No of days delayed over a quarter to the total no of beds in the quarter attributed to NHS. 2. No of days delayed over a quarter to the total no of beds in the quarter attributed to NHS. 3. No of days delayed over a quarter to the total no of beds in the quarter attributed to both NHS and Social Care. 4. No of transfer of care delayed attributable to NHS. 5. No of transfer of care delayed attributable to Social Care 6. No of transfer of care delayed attributable to both NHS & Social Care. 	0 0 1 9	Low	<p>QRP actions to be established.</p> <p>Management lead has now been assigned to Emergency Flow Matron (April 2012) who will update and complete the PCA and commence collation of evidence.</p>
07	Regulation 11 Safeguarding service users from abuse	n/a	0	n/a	Insufficient QRP data available to calculate risk estimate. No actions to address.	0 0 0 13	n/a	No actions required.

Out-come No	Regulation No / Outcome Title	CQC Assessment of QRP	No of Actions from QRP	NCUHT Self Assessment of QRP Actions Status	QRP Issue / Comments	PCA Section Rating	Overall Impact Rating if not green	Action Plan Summary
08	Regulation 12 Cleanliness and infection control	A	3	A	<ol style="list-style-type: none"> Infection rates for repair of neck of femur. Posters or leaflets asking patients to wash hands / use handwash gels. . Availability of hand washing materials. 	0 0 1 9	Low	<p>QRP action for infection rates for repair of neck of femur, awaiting feedback of action as this is new in April 2012. The other two issues have been addressed and completed.</p> <p>Overall regulation evidence complete.</p>
09	Regulation 13 Management of medicines	A	2	A	<ol style="list-style-type: none"> Staff informing patients of medication side effects to watch for when they went home (in-patient survey) Staff did not explain how to take new medications (out-patient survey). 	0 0 1 7	Low	<p>QRP actions to be established.</p> <p>Evidence is required for most of this regulation.</p> <p>An action plan has been developed for issues regarding clinical reference sources being part of nursing and medical staff local induction packages and further development of competency assessment packages for medical staff.</p>
10	Regulation 15 Safety and suitability of premises	n/a	2	G	<ol style="list-style-type: none"> PEAT score WCH (2x) – signage and disability access. 	0 0 1 12	Low	<p>QRP actions PEAT issues will be addressed with new build. Overall PEAT scoring for environment was good.</p> <p>An action plan has been developed with regards to fire practice for WCH wards / departments.</p>

Out-come No	Regulation No / Outcome Title	CQC Assessment of QRP	No of Actions from QRP	NCUHT Self Assessment of QRP Actions Status	QRP Issue / Comments	PCA Section Rating	Overall Impact Rating if not green	Action Plan Summary
11	Regulation 16 Safety, availability and suitability of equipment	n/a	0	n/a	1. No actions identified	0 2 0 5	Medium	<p>PCA and relevant action plans have been developed. Action plan has been commenced to address adequacy and use of equipment, maintenance of equipment, training and competency assessments of medical equipment.</p> <p>The mock assessment identified significant gaps to supplement the Trust Policy & Procedures. Internal Audit were then commissioned to perform an in depth independent audit. The recommendations have been accepted and an action plan developed.</p> <p>A working group lead by Alan Davidson has been set up to review the policy and ensure realistic expectations of what can be achieved at ward level.</p>
12	Regulation 21 Requirements relating to workers	n/a	2	A	<p>Insufficient QRP data available to calculate risk</p> <p>1. Staff believing trust provides equal opportunities for career progression or promotion.</p> <p>2. Endoscopy GRS self assessment for CIC for workforce and training.</p>	0 0 0 3	n/a	QRP actions being addressed and monitored through staff survey action plan and the endoscopy GRS action plan.
13	Regulation 22 Staffing	A	1	A	1. Endoscopy GRS self assessment for CIC for workforce and training	0 0 1 0	Low	<p>QRP actions being addressed and monitored through the endoscopy GRS action plan.</p> <p>Completion of the nursing review will support impact rating.</p>

Out-come No	Regulation No / Outcome Title	CQC Assessment of QRP	No of Actions from QRP	NCUHT Self Assessment of QRP Actions Status	QRP Issue / Comments	PCA Section Rating	Overall Impact Rating if not green	Action Plan Summary
14	Regulation 23 Supporting workers	R	21	R	<ol style="list-style-type: none"> 1. Endoscopy GRS self assessment for CIC (x3) WCHI (x1) for workforce and training. 2. Staff feeling valued by their colleagues. 3. Staff involvement in job design 4. Work pressure 5. Trust commitment to work-life balance 6. Opportunities for development. 7. Receiving job related training 8. Having well structured appraisals 9. Support from immediate manager 10. Work related stress 11. Employer actions against violence and aggression (V&A) 12. Pressure to attend work when feeling unwell. 13. Good communication between senior management and staff 14. Staff appraised in last 12 months 15. Staff having Health & Safety training in last 12 months.. 16. Staff experiencing V&A from staff Reported figures of Violence Against Staff. 17. Staff experiencing V&A from patients / others. 18. Staff experiencing harassment , bullying or abuse from patients / relatives in last 12 months. 	0 1 1 6	Medium	<p>QRP actions are being addressed with a revised staff survey action plan. HR department are leading on gathering information from staff via survey monkeys, focus groups, specific staff webpage with updates and comment section for staff. There will also be regular Team Brief updates on progress and changes being made.</p> <p>Action plan targets in place to address appraisal and mandatory training completion.</p>

Out-come No	Regulation No / Outcome Title	CQC Assessment of QRP	No of Actions from QRP	NCUHT Self Assessment of QRP Actions Status	QRP Issue / Comments	PCA Section Rating	Overall Impact Rating if not green	Action Plan Summary
16	Regulation 10 Assessing and monitoring the quality of service provision	A	4	A	<ol style="list-style-type: none"> Staff reporting errors, near misses or incidents. Fairness and effectiveness of procedures for reporting errors, near misses or incidents. Staff able to contribute towards improvements at work. Rate of reporting per 6 months of admissions to the NRLS for Acute Trusts. 	0 0 0 4	Low	QRP actions to be addressed.
17	Regulation 19 Complaints	A	1	A	In-Patients survey reports patients did not see any posters or leaflets explaining how to complain about the care they received.	0 0 0 5	n/a	QRP action addressed with A4 posters on How to Complain within all wards/departments.

Out-come No	Regulation No / Outcome Title	CQC Assessment of QRP	No of Actions from QRP	NCUHT Self Assessment of QRP Actions Status	QRP Issue / Comments	PCA Section Rating	Overall Impact Rating if not green	Action Plan Summary
21	Regulation 20 Records	A	2	A	<ol style="list-style-type: none"> 1. Proportion of SUS records for OP care with errors in priority type field. 2. Proportion of SUS records with errors in referral received date field. 	0 0 2 0	Low	<p>There is a lack of evidence of corporate records retention and disposals being implemented for the following specific documents required by the regulation:</p> <ul style="list-style-type: none"> ▪ purchasing excluding medical devices and medical equipment ▪ maintenance of the premises; 3 years ▪ maintenance of equipment; 3 years ▪ electrical testing; 3 years ▪ fire safety; 3 years ▪ water safety; 3 years ▪ medical gas safety, storage and transport; 3 years ▪ money or valuables deposited for safe keeping; 3 years ▪ staff employment; 3 years following date of last entry ▪ duty rosters; four years after the year to which they relate ▪ purchasing of medical devices and medical equipment; 11 years ▪ final annual accounts; 30 years. <p>An action plan has been developed to hold training sessions to ensure staff know how to implement the retention and disposal schedule. Heads of departments will then need to monitor compliance.</p> <p>A second action plan has been developed to address health records weeding and destruction at the WCH site in line with NHS Code of Practice for Records Management and DPA. This entails recruiting additional temporary staff to purge libraries.</p> <p>Both action plans to be completed by December 2012.</p>